

Relevant WIC Nutrition Assessment Information for an Infant

ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign Risk	Suggestions for Further Assessment*
Growth Pattern	Current age. Current weight. Current length. Gestational age at birth. If unable to get an accurate weight or length, consider using alternative measurement techniques. (See Appendix E.)	103 Underweight or at risk of becoming underweight 121 Short stature or at risk of short stature	Plot the infant's growth parameters on appropriate growth charts and assess infant's growth status. Determine possible contributors (e.g., nutritional, medical, developmental or social factors) that may affect growth. Assess if referrals to health care providers are necessitated.
	Biological mother's BMI at conception or in first trimester. Biological mother's current BMI OR, if pregnant or has had baby within past 6 months, pregravid BMI, Biological father's current BMI.	114 At risk of becoming overweight	Assess caregiver(s)' knowledge and attitudes regarding development of good eating habits, satiety cues, and nutrition.
	Infants <1 month of age: weight loss after birth and age when back to birth weight. Previous weight measurements.	135 Inadequate growth	Assess health, nutrition, cultural and economic factors that may be related to growth pattern (e.g., medical condition or recent illness, developmental delay, feeding problems/inappropriate practices, and possible abuse or neglect).
Birth Weight/ Gestational Age at Birth	Birth weight. Gestational age at birth. Diagnosis of small for gestational age.	141 Low birth weight 142 Prematurity 151 Small for gestational age 153 Large for gestational age	Assess caregiver's knowledge of feeding needs and ability to follow feeding instructions. Assess infant's need for special formula or human milk fortifier.

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BIOCHEMICAL

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Hemoglobin or Hematocrit	Blood hemoglobin or hematocrit level.	201 Low hematocrit/ low hemoglobin	Assess factors that may affect hemoglobin/hematocrit levels (e.g., medical condition or recent illnesses/ infections, appetite, diet, factors that might inhibit dietary iron absorption, and lead poisoning). Assess whether it is likely to be a nutritional or physiological anemia.
Blood Lead Levels	Lead testing in past 12 months. Blood lead level.	211 Elevated blood lead levels	Ask about potential sources of lead exposure (e.g., age of housing, recent renovation, pica, occupational exposure, lead-glazed containers used for food preparation or storage). Assess food sources of calcium and iron and regular meals and snacks.

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CLINICAL

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Medical Conditions	Failure to thrive.	134 Failure to thrive	Ask about factors that may impact or contribute to failure to thrive (e.g. birth status, illnesses, developmental delay, medications, feeding practices). Assess potential for abuse, neglect, or a poor psychosocial environment.
	Nutrition-related medical condition or illness.	152 341-356 360, 362, 382 Nutrition-related risk conditions	Ask about special diet and medications prescribed to manage or treat condition. Assess current and potential impact on nutritional intake, nutritional needs (increased need for specific nutrients, special diet low in essential nutrients), and breastfeeding. Assess understanding of and compliance with treatment plan. Assess level of access to follow-up medical care.
	Prescription medications with nutrition implications.	357 Drug-nutrient interactions	Assess understanding of nutrient and drug interactions and strategize to minimize them.
	Over-the-counter medications with nutrition implications.	357 Drug-nutrient interactions	Assess understanding of nutrient and drug interactions and strategize to minimize them.
	Major surgery, trauma, or burns in past 2 months.	359 Recent major surgery, trauma, burns	Ask about special diet and prescribed medications prescribed to manager or treat condition. Assess understanding of and compliance with treatment plan. Assess level of access to follow-up medical care.

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CLINICAL (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Medical Conditions (continued)	Major surgery, trauma, or burns >2 months ago with continued need for nutritional support.	359 Recent major surgery, trauma, burns	Obtain documentation of need for continued nutritional support. Ask about special diet and prescribed medications, assess, and document impact on nutritional needs and diet intake. Assess level of access to follow-up medical care.
	Infant's mother participated in WIC during pregnancy.	701 Infants up to 6 months old of WIC mother or of a woman who would have been eligible during pregnancy	
	Infant's mother has medical records that document nutritional risk during pregnancy.	701 Infants up to 6 months old of WIC mother or of a woman who would have been eligible during pregnancy	
	Infant's mother has been diagnosed with mental retardation.	703 Infant born of woman with mental retardation or alcohol or drug abuse during most recent pregnancy	Assess mother's ability to mix formula appropriately and follow feeding recommendations from her baby's health care provider.
	Infant's mother used alcohol or illegal drugs during most recent pregnancy.	703 Infant born of woman with mental retardation or alcohol or drug abuse during most recent pregnancy	

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Relevant WIC Nutrition Assessment Information for an Infant

DIETARY

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Nutrition Practices	Use of dietary supplements: <ul style="list-style-type: none"> • Excessive or inappropriate. • Fluoride intake (age of infant and fluoride content of drinking water supply). • Vitamin D. 	<p>411.10 Feeding dietary supplements with potentially harmful consequences</p> <p>411.11 Routinely not providing dietary supplements ...when an infant's diet cannot meet nutrient requirements</p>	<p>Assess potential for toxicity or harm to the child.</p> <p>Assess barriers to obtaining appropriate supplementation e.g. health beliefs, religious or cultural practices, finances).</p>
Primary Nutrient Source	Primary milk source.	<p>411.1 Routinely using a substitute(s) for breastmilk or ...formula as primary nutrient source during 1st year of life</p>	Assess caregiver's cultural, economic or medical reasons if breast milk or milk other than formula is provided.
	How infant formula is mixed.	<p>411.6 Routinely feeding inappropriately diluted formula</p>	<p>Assess whether the caregiver has the equipment necessary to prepare formula.</p> <p>Assess whether the caregiver understands the manufacturer's direction or specific prescription.</p>
	Preparation, handling, and storage methods of expressed breast milk (EBM) or formula.	<p>411.9 Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breastmilk or formula</p>	Assess the barriers to safe handling practices.
Complementary foods.	Age when first offered. Current consumption.	<p>411.3 Routinely offering complementary foods or other substances that are inappropriate in type or timing</p>	<p>Determine why the caregiver has chosen a specific feeding practice.</p> <p>Determine whether caretaker can read labels on baby food jars.</p>
	Use of foods potentially contaminated with harmful pathogens.	<p>411.5 Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins</p>	<p>Assess cultural and economic reasons for food choices.</p> <p>Assess food security.</p>

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DIETARY (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Feeding Pattern	Number of feedings of breast milk of exclusively breastfed infant.	411.7 Routinely limiting the frequency of nursing for the exclusively breastfed infant when breast milk is the sole source of nutrients	Assess mother's beliefs and attitudes toward infant feeding schedules.
	Usual meal pattern. Consumption of a diet very low in calories and/or essential nutrients.	411.8 Routinely feeding a diet very low in calories and/or essential nutrients	Assess cultural, medical, family, religious, or other factors affecting usual meal pattern.
Use of Nursing Bottles and Cups	Status of weaning from bottle. Bottle and cup feeding practices	411.2 Routinely using nursing bottles or cups improperly	Assess developmental skills related to feeding. Assess cultural, medical, family and other influences on feeding practices.
Routine Feeding Practices	Feeding practices related to developmental stage/needs: <ul style="list-style-type: none"> • Response to hunger and satiety cues. • Use of foods associated with choking. • Self-feeding skills. • Food textures. 	411.4 Routinely using feeding practices that disregard the developmental needs or stage of the infant	Assess developmental skills related to feeding. Assess caregiver's knowledge of appropriate feeding management skills (e.g., forcing an infant to eat certain type/ amount of foods/beverages). Assess the availability of developmentally appropriate foods and utensils. Assess family dynamics that affect feeding (e.g., number of caregivers, daily schedules, other environmental factors). Assess the potential for choking. Assess caregiver's need for anticipatory guidance.

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DIETARY (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign Risk	Suggestions for Further Assessment*
Ability to Transition to Complementary Feeding after 4 Months	Absence of any other risk. NOTE: A complete assessment including risk 411 must be completed prior to assigning risk 428.	428 Dietary risk associated with complementary feeding practices	Assess caregiver's need for anticipatory guidance.
Infant and Maternal Factors Affecting Breastfeeding	Infant's complications or potential complications of breastfeeding. Mother's nutrition risk.	603 Breastfeeding complications 702 Breastfeeding infant of women at nutritional risk	Assess if signs of jaundice, infrequent stools, suck or latching problems are present.

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ENVIRONMENTAL AND FAMILY FACTORS

What to Assess (Relevant Information)	What to Collect	What to Do	
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Environmental and Family Factors	Primary nighttime residence (homelessness).	801 Homelessness	Assess food preparation and food storage equipment. Assess level of access to safe and adequate water.
	Migrant status.	802 Migrancy	Assess food preparation and food storage equipment.
	Abuse or neglect in past 6 months.	901 Recipient of abuse	If infant now lives in a shelter for victims of domestic violence, ask about food preparation and food storage equipment.
	Primary caregiver's ability to make appropriate feeding decisions and/or prepare food.	902 Woman, or infant/child of primary caregiver with limited ability to make feeding decisions and/or prepare food	Assess caregiver's support system for feeding decisions and food preparation.
	Foster care status.	903 Foster care	Ask about infant's adaptation to current foster care.
	Exposure to environmental tobacco smoke.	N/A	Assess caregiver's understanding of the potential health risks.

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OTHER ADJUNCT HEALTH ISSUES AND TECHNICAL REQUIREMENTS

What to Assess (Relevant Information)	What to Collect	What to Do	
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Oral Health	Presence of early childhood caries or smooth surface decay of teeth.	381 Dental problems	<p>Assess possible dietary causes of caries (e.g. such as putting child to bed with bottle and/or use of juice and sugared drinks in bottle).</p> <p>Assess access to dental care.</p> <p>Ask about dental treatment already in progress.</p> <p>Assess for appropriate oral health practices (e.g. wiping infant's gums with damp cloth after meals)</p> <p>Assess caregiver's knowledge of relationship between oral health and overall health.</p>
Well Childcare: Immunization Status Blood Lead Screen Oral Health Care	<p>Medical home. Scheduling of visits.</p> <p>Immunization record.</p> <p>Screening schedule for older infants.</p> <p>Dental home for older infants. Last visit.</p>	N/A	<p>Determine barriers to obtaining care (e.g., beliefs, finances, alien status, lack of insurance, and transportation).</p> <p>Determine barriers to obtaining immunizations and lead screening (e.g., beliefs, finances, alien status, lack of insurance, and transportation).</p> <p>Assess barriers to obtaining oral health care and screenings (e.g., beliefs, finances, alien status, lack of insurance, childcare, and transportation).</p>
Food Security	Availability of safe and nutritious foods.	N/A	<p>Assess community availability, participation in food assistance programs, and equipment for food preparation and storage.</p> <p>Assess availability of adequate and safe water.</p>
Physical activity	Parental attitude and knowledge about infant's need for activity.	N/A	Ask about infant's opportunities for unrestricted movement.

